Youth Detoxification and Residential Treatment Literature Review

Best and Promising Practices in Adolescent Substance Use Treatment

SUMMARY REPORT

June 2006

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Introduction

The *Youth Detoxification and Residential Treatment Literature Review Summary Report* is a supplemental document to the full report developed for AADAC Research Services. The purpose of this document is to review the process used, highlight the findings, and note recommendations and implications for AADAC service delivery. The intent is to provide decision-makers, program managers, and allied professionals with an overview of the literature review outcomes and provide information with respect to the research evidence presented in the literature as it pertains to the quality and effectiveness of treatment approaches for the youth population.

Project overview

Project goal and review process

The goal for the *Youth Detoxification and Residential Treatment Literature Review* was to undertake a literature review related to the effective treatment of youth in a variety of treatment settings. This review provides information to AADAC with respect to the research evidence presented in the literature as it pertains to the quality and effectiveness of treatment approaches for the youth population.

A systematic literature search was conducted to identify key published and unpublished literature (in English) discussing evidence of the effectiveness of residential, detoxification and stabilization, wilderness, and experiential and family therapies for youth with substance use disorders. For the purposes of this review, a treatment was considered to be a best practice when evidence of effectiveness was presented in the findings of individual research or evaluation reports.

A total of 26 articles qualified for analysis (some of which addressed more than one treatment setting within the same article). Approximately 20 general documents were reviewed that fell under the category of program descriptors, theory or opinion (related to youth or adult treatment); these supplemented the analytical findings but were not included in the analysis.

Reviewers found that there was limited available empirical evidence related to efficacy of the treatment approaches for adolescent substance users. This was similar to what other researchers had found, and therefore the search results were considered to be representative of the body of literature available on the topic

Overview of findings

The treatment of youth substance use cannot be developed based on the experiences of the adult population. Specific consideration needs to be given to youths' cognitive and developmental levels, experiences, family dynamics, peers, and type of substance use.

Overall, based on the level of evidence and sample size, the quality of most articles reviewed was good, a finding consistent with that reported by other researchers. Thus, much of the limited work that is known to exist has been assessed, here and elsewhere, as being of good quality.

A significant observation was the complex nature of many of the studies included in the review. For example, in many studies the interventions are multi-faceted and involve several treatment approaches, within or across settings. Therefore, it was not clear which factors (the setting, treatment approach, specific interventions, etc.) led to the results obtained. Furthermore, none of the reviewed studies had among their goals the intent to assess the effectiveness of the treatment setting, many did not compare the treatment group(s) to a control group, or the duration and intensity of treatment varied: thus, it was difficult to assess the effectiveness of interventions in a particular setting.

Residential services

Residential programs encompass a multitude of individual treatment interventions in that setting, so a review of the efficacy of each of those interventions would be necessary to truly understand the overall effectiveness of residential treatment. Most of the residential studies were observational studies.

Of the nine programs that involved residential settings, five directly assessed the effectiveness of interventions aimed at youth. Overall, these five studies show treatment in residential setting to be effective, although gains diminished over time (where assessed). Generally, findings were similar despite differences in treatment approaches and study rigour.

Detoxification and stabilization

The role and function of detoxification and stabilization services were found in the literature to a limited degree within the articles discussing residential setting interventions and therefore were presented as a subset of this service setting. Overall, detoxification and stabilization services were considered to be one initial element of an overall treatment regime.

Family-centred practice

Family-centred treatment as a discrete approach is difficult to define succinctly, as it can involve activities ranging from letter writing and family visits, to direct parent involvement in certain elements of treatment related to coping with the addiction, to intensive individual and family therapy. There was a consistent theme regarding the importance of addressing family issues in successfully treating adolescents with substance use issues. However, it is unclear from the research as to whether family involvement in treatment per se was more effective than addressing family issues in individual treatment with the youth. A detailed analysis of each family therapy practice was beyond the scope of this review. However, cognitive behavioural therapy and multi-dimensional family therapy were evidence-based treatments found to have positive effects when treating youth who use substances.

Wilderness-based programming and experiential learning

Information in the literature related to the measured impact of wilderness-based programs was limited. However, this service option and its experiential nature were identified in some articles as potentially helping to teach substance-using youth the importance of group dynamics, teamwork, self-mastery, and development of good relationships with themselves and others.

In the articles reviewed, experiential learning included physical activities, group co-operative activities and activities that helped participants learn to develop problem-solving and other coping skills. While the term "experiential" was not consistently defined within the literature, there was support for the need to reach adolescents "where they are" emotionally, developmentally, and environmentally.

Two wilderness and/or experiential programs were included in the review; however, there was not enough research to draw any conclusions about wilderness or experiential approaches based on existing literature.

Other settings

Seven studies were identified as "other," in that the setting did not necessarily fit within the above categories. Together, these studies raise the possibility of improving youth outcomes through parental training, school-based approaches and community-based approaches, although no definitive conclusions could be drawn from existing literature.

Best fit

Assessing the individual elements associated with a youth's substance use is the most important component in determining the appropriate treatment components and approach. There were no agreed-on perspectives regarding what treatment was best for whom, when or where.

Length of stay and treatment outcomes

The relationship between length of stay and treatment outcomes must examine the individual treatment intensity and service components required by the youth and his/her unique addiction issues. Length of stay seems to vary considerably based on the type of program, the program's primary purpose, participant commitment to the full course of treatment (where participation was not mandatory), the individual substance(s) being used, and the program's drop-out rates, treatment outcomes and recidivism rates. No definitive optimal length of stay was found in the literature for youth with substance use issues.

Concurrent disorders

As was expected, the treatment of concurrent disorders associated with substance use issues was very prominent in the literature. The primary issues co-occurring with substance use were various mental health problems (including conduct disorders, attention deficit/hyperactivity disorder, depression, and suicidal ideation) and youth being treated in the justice system.

Challenges to treatment

Three primary challenges to the effectiveness of substance use treatment for youth were identified.

1. *Retention/attrition*
   Dropout rates as high as 50 to 67% were noted. Consequently, the analysis of treatment program effectiveness is compromised by the difficulties in retaining participants.

2. *Access*
   Access issues involve physical geography, cultural sensitivity, travel, and financial implications related to treatment.

3. *Relevance*
   Treatment activities need to be designed to encourage participation and involvement of youth. The more the adolescent feels involved in treatment and that such treatment was relevant to his or her unique circumstances and needs, the more likely it is that treatment will be effective.

Recommendations

Six recommendations are made as broad, systemic considerations based on the information gleaned from the literature.

Recommendation 1: Involvement of family

Family involvement in treatment was found to be a common theme across all treatment settings. The specific approach to that involvement (family therapy, dealing with parental substance use issues, family visits, etc.) depends on the unique elements of the treatment regime of each adolescent.

Recommendation 2: Critical factors

Any treatment services for youth with substance use issues must address negative environmental factors, enhance community interactions, and provide for ongoing treatment contacts for youth. A variety of options should be available, from basic help lines or conversations with counsellors, to structured therapy, to crisis interventions when needed.

Recommendation 3: Cultural elements of treatment

Treatment programs need to be able to respond to the individual cultural elements of youth.

Recommendation 4: Responsive to unique needs of the individual

Flexible services and treatment planning that can attend to the unique needs of the individual youth are required.

Recommendation 5: Treatment setting considerations

When planning the continuum of treatment services for youth, policy makers must carefully consider when, where and how residential services are used for treating adolescent substance abuse. Other treatment modalities may be just as effective for some youth.

Recommendation 6: Contribution to the body of research

AADAC is in an opportune position to contribute to this body of knowledge in a meaningful way. The lack of empirical research in this field limited the completeness of the analysis that could be conducted. By studying the impacts of treatment services, and in particular the two new youth treatment programs in Edmonton and Calgary, AADAC has the ability to become a leader in the academic realm of youth substance use treatment.

Further, specific attention should be paid to exploring further the relationship between concurrent disorders and approaches to treatment.

Service implications for AADAC

General concepts in the treatment of youth

Overall findings

- Youth substance use programs cannot use the same treatment approaches that are used for adults.
- Treatment needs to encompass elements related to family, school, peers and community.
- The program environment should be non-threatening and caregivers need to be prepared to "go where adolescents are" in order to engage their participation.
- Individualized, unique, client-centred programming is effective in a youth population.
- Treatment modalities (such as residential, detoxification and stabilization, wilderness-based, experiential learning and family-centred practice) often overlap and are rarely carried out in isolation.
- Treatment services should respond to the cultural needs of individual youth.

Implications

AADAC's current practice reflects all the elements described here.

Residential treatment for youth

Overall findings

- Residential programs are appropriate when youth have a significant level of dysfunction as a result of their substance use and when the youth's community or peer environment is not conducive to intensive treatment activities.
- The goals of residential treatment are to prevent youths' return to active substance use, provide them with healthy alternatives to substance use, help them to understand and address the underlying factors supporting the substance use, and teach them how to deal with cravings, resist pressures to use substances, and make more healthy decisions.
- A complete health assessment is considered best practice before engaging youth in treatment.

Best evidence findings

Residential programming (in combination with other elements such as aftercare) has been shown to decrease substance use for some period of time post-treatment.

Implications

AADAC provides residential treatment (both wilderness and urban-based) to those clients who require the structure of inpatient treatment and offers outpatient treatment to those not requiring a residential component. By continuing to offer both treatment options, AADAC can meet the needs of youth wherever they are, both geographically and in their recovery process.

Detoxification and stabilization for youth

Overall findings

The goal of detoxification and stabilization is to attend to the physiological and emotional elements of withdrawal from substances. Detoxification and stabilization alone are not likely to achieve long-term recovery, but are most appropriate as a first phase or preparation for treatment.

The literature review identified that there is limited literature specific to detoxification and stabilization programming for youth. It was therefore unable to provide further insight for AADAC practice.

Implications

There are many organizations that provide "shelter" or "drop-in" style detoxification services to youth, but AADAC is at the forefront of using an active social detoxification model and using that opportunity to engage youth in pursuing further treatment.

AADAC's use of this treatment modality among a youth population could contribute to the literature on this topic in the future through a review of the quality and effectiveness of AADAC's youth detoxification and stabilization treatment program.

Wilderness-based programming and experiential learning

Overall findings

- Best practice identifies a broad psycho-educational approach presented in a safe, fun and recreational setting as most effective.
- Learning through action is more effective than learning theory.

Marginal evidence findings

Community experiential games and other activities contributed to delayed onset or reduction of substance use among youth not experiencing substance use problems, while other outdoor, wilderness-based programs showed a reduction in severity of emotional and behavioural symptoms.

Implications

AADAC is implementing these tools in its current programming and will be in a position to contribute information on this topic to the addictions treatment field.

Family-centred practice

Overall findings

- Family participation in treatment activities is a significant element in the success of treatment for youth.
- Engagement of the family into a youth's treatment is as important as the engagement of the youth.
- Family involvement is relevant in residential, wilderness and experiential programs in particular.
- Family involvement is critical to supporting abstinence and assisting the youth in future decision-making.

Best evidence findings

Specific treatment approaches within family-centred practice are similarly effective in reducing substance use: motivational enhancement treatment, cognitive behavioural therapy, family support network, adolescent community reinforcement approach, and multi-dimensional family therapy.

Brief strategic family therapy has led to reductions in acting-out behavioural problems, marijuana use, and association with anti-social peers, and shows high rates of retention of participants in the program.

Implications

AADAC continues to take a family-centred approach to the treatment of youth. AADAC believes that the family is the client, since the family is the primary factor influencing the youth's development and progress in treatment.

AADAC currently involves the youth's family throughout the youth's treatment process. This includes family work without the youth client, family work with the youth client, family weekend intensive treatment, and active family involvement at intake into treatment, during treatment, and during the youth's transition from treatment to home.

Sometimes, there are contraindications to involving the family, such as when there is unresolved violence or sexual abuse within the family, or when the youth or the parents refuse family involvement. Nonetheless, it is still possible to address family issues with the youth through "one-person family counselling." In such cases, the youth alone attends counselling in which the principles of family therapy are used to effect change in the family unit.

In keeping with this belief, treating the family assumes that the dependence is not simply the problem of a young person involved in substance use, but also the problem of that youth's family. AADAC believes that the treatment plan needs to be developed for both the youth and the youth's parents so that the treatment facilitates growth in the entire family system.

AADAC uses five types of family-focused treatment approaches. In its spectrum of treatment services, AADAC includes family therapists to provide families with any combination of these five types of treatment, depending on the need of the family.

1. *Collateral information gathering:* consulting with family members to obtain their insights and input into the young person's life and situation

   By doing this, AADAC staff learn about the young person's life and their challenges, strengths and network of support.

2. *Family orientation:* orienting the parents and/or other family members to the treatment plans for the youth and providing information about drug use and mental health

   This step informs the family about the treatment the young person is undertaking and enlists family support.

3. *Parent/family psycho-education or support group:* involving the parents or families in family life education with special reference to substance use and mental health information

   This informs parents and families about family relations issues and how these issues may be relevant to substance use and mental health.

4. *Family counselling:* contracting with the family for interventions aimed at resolving identified problems

   This assists in resolving the problematic issues identified by family members related to the young person's substance use and mental health issues.

5. *Family therapy (myriad approaches):* contracting with the family for interventions aimed at resolving chronic and systemic family dysfunction

   This can bring about change to elusive and intractable areas of systemic family dysfunction.

AADAC also offers support groups available specifically for families of youth (e.g., support [process] groups, drug information groups and parent skill development groups). These groups all contribute to the continuum of treatment AADAC offers to youth and families.

AADAC involves the families of youth clients in many aspects of the youths' treatment and will be in a position to contribute what it learns regarding the outcomes of these family-centred approaches to the addictions field.

Overall implications for AADAC

Because AADAC is implementing programming that encompasses all of these elements (residential treatment, detoxification and stabilization, wilderness-based and experiential learning, and family-centred practice), most of which are not well researched to date, AADAC is in a prime position to undertake research on all of the treatment modalities being used and report on the outcomes of each, thereby contributing valuable information to the addictions field.

AADAC must plan to gather the information necessary to adequately research its treatment methods for youth.

AADAC provides several treatment modalities to meet the wide-ranging treatment needs of its youth clients. By doing this, AADAC can encompass the greatest number and variety of youth in its continuum of treatment options.

AADAC

ALBERTA ALCOHOL AND
DRUG ABUSE COMMISSION

For more information, contact your local AADAC office, call 1-866-33AADAC or visit our website www.aadac.com

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